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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707205 (1)
 Corporation Name
FORT LAUDERDALE MAGIC SOCIETY, INC.



Principal Place of Business C/O MURRAY WEINER 1402 NW 80TH AVE APT 504 MARGATE FL 33063	Mailing Address C/O MURRAY WEINER 1402 NW 80TH AVE APT 504 MARGATE FL 33063
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3. Date Incorporated or Qualified 04/28/1964	Applied For Not Applicable
4. FEI Number 65-0010645	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

WEINER, MURRAY
1402 N.W. 80TH AVENUE
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PERLMUTTER, JOSEPH	
STREET ADDRESS	2515 BLUE SAGE AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LABUSH, PHILLIP	
STREET ADDRESS	9360 NW 39TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WEINER, MURRAY	
STREET ADDRESS	1402 NW 80TH AVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MEYER, AL	
STREET ADDRESS	4750 NW 22ND CT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RISKIN, MANNY	
STREET ADDRESS	7560 NW 79TH AVE	
CITY-ST-ZIP	TAMARAV FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D DR. MARK HOROWITZ
4.3 STREET ADDRESS	1500 SE 3RD CT
4.4 CITY-ST-ZIP	DEERFIELD BCH FL 33441
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Murray Weiner Date: 1/3/98 Daytime Phone #: 954-973-0223

CR2E037 (10/97)